Carbon County Recreation Program Registration 30 East 200 South, Price, Utah 84501 ● 435-636-3702

Date Paid

You may be required to complete another registration form, depending on the program you are registering for. One registration per person, per program.

Program			
Name of Participant		Male	Female
Legal Guardian (if under 18)			
Address (street, city, zip)			
Grade	Age	School	
Telephone	Emergency Telephone		
Email Address (optional)			
Medical Insurance Provider I have these medical conditions that may affect my abilit	ty to participate safely in	Group Number this activity (all medical conditions m	nust be disclosed):
doing. 2. To immediately obey instructions of guides, in significantly increases the risk of injury. 3. Some recreation activities are potentially dan 4. All participants must seek health advice from result in serious injury. Carbon County Recreation activities are potentially dan vehicle travel is one of the most dangerous injured due to accidents. It is a fact of life. I recognize it a who is responsible for the accident. Acknowledgement of risk and liability release. I understand recreation activities can potentially be dang will seek advice from a medical professional prior to und consequences. With this understanding. I agree to all ter formality, but a legal document and recognize its validity I, the undersign, have read and understand the above we Carbon County Recreation, as well as instructors, volunte equity, arising by reason or in manner growing out of pa and accept full responsibility for securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in the securing appropriate me actions taken in accordance with this program or issues in	ngerous. Injury or even do a medical professional bation is not responsible for a cartivities a person can band hold no one respons dertaking physical exertion rms and conditions listed y in a court of law. Farnings, and do hereby a deers, and sponsors, of all articipation in recreation are dedical insurance. I agree	eath may occur, even though all preciefore engaging in vigorous activities. or people pushing themselves beyond in a carbon could be involved in. I understand accidents lible while I am riding in a Carbon Could in a Carbon could be involved in a	autions are taken. Failure to do so could d their physical ability. Coccur and people are unty vehicle, regardless ties. It's just a fact of life. I responsibility for all nument is not a mere remless Carbon County and is of action at law or insurance is provided,
In addition, I certify that I am in good physical condition program. I accept full responsibility for my wellbeing and this program, regardless who may be at fault.			
I have read and understand this agreement and agree t	-		
Participant			
Legal Guardian			
Office use only			

Receipt#

Check

Cash